

Exhibit J
Inmate Medical File of Antonio Martinez
Inmate Request Slip dated June 7, 2006

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 06-07-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED MY POPSICLE STICKS CHANGED,
MY FINGERS AREN'T BETTER AND I
DONT KNOW WHY I HAVENT BEEN
TO SEE A BONE SPECIALIST, ITS BEEN
OVER A MONTH SINCE THIS HAPPENED
MY FINGERS HURT BAD. I NEED A
COPEY OF THIS. THANKS FOR YOUR TIME
IN THIS MATTER. NEED PAIN MEDICATION

Do Not Write Below This Line - For Reply Only

6/7/06 addressed at Ortho Clinic
Today. Dr. Holler.
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____